

Application Data Sheet**Application Information**

Application number::
Filing Date:: February 13, 2004
Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?: None
Number of CD disks::
Number of copies of CDs::
Sequence submission?:
Computer Readable Form
(CRF)?:
Number of copies of CRF::
Title:: ZERO-FORCE KEY ACTIVATION KEYBOARD
WITH DYNAMIC INDIVIDUAL KEY ILLUMINATION

Attorney Docket Number:: DFF-001
Request for Early Publication?: No
Request for Non-Publication?: No
Suggested Drawing Figure::
Total Drawing Sheets:: 10
Small Entity?: Yes
Latin Name::
Variety denomination name::
Petition included?: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers:
Secrecy Order in Parent Appl.?:

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.
Status:: Full Capacity
Given Name:: Michael J.
Family Name:: Duff
Name Suffix::
City of Residence:: Sunnyvale
State or Province of Residence:: California
Country of Residence:: U.S.
Street of mailing address:: 555 E. Washington Avenue, #212
City of mailing address:: Sunnyvale

State or Province of
mailing address: California
Country of mailing address:: U.S.
Postal or Zip Code of
mailing address:: 94086

Correspondence Information

Correspondence Customer
Number:: 32836
Name: Guerin & Rodriguez, LLP
Street of mailing address: 5 Mount Royal Avenue
Mount Royal Office Park
City of mailing address: Marlborough
State or Province of
mailing address:: MA
Country of mailing address:: US
Postal or Zip Code of
mailing address:: 01752
Phone Number:: (508) 303-2003
Fax Number:: (508) 303-0005
E-Mail Address:: info@grpattent.com

Representative Information

Representative Customer
Number:: 32836

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/447,573	February 14, 2003

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of
mailing address::

Country of
mailing address::

Postal or Zip Code of
mailing address::